

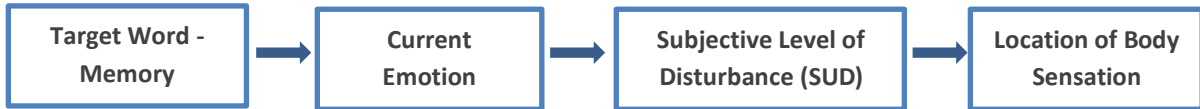


EMDR therapy Blind 2 Therapist Restricted Protocol (B2Tr & VB2Tr)

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EMDR therapy B2Tr Assessment of the Target Memory: Face-to-Face & Virtual version

Core elements of the EMDR therapy B2Tr protocol



Note to EMDR therapist:

1. As the trauma memory is not disclosed the intention is to ensure, for the purpose of trauma processing (Phases 4, 5, & 6), that the memory is presently held and active
2. When processing associations are restricted only to the target memory (EMDr)
3. B2Tr target memories to be neutrally identified using cue words.

Target word – Memory: _____ (Write here)

4. The utilisation of negative & positive cognitions may themselves be deemed as too revealing by clients – if so, then they can be omitted in the phase 3 assessment. However, if the client identifies them then they are useful to incorporate

Negative Cognition (optional)

Positive Cognition (optional)

Validity of Cognition [VOC] - optional

1 2 3 4 5 6 7

Emotion: _____

Subjective Unit of Disturbance (SUD):

0 1 2 3 4 5 6 7 8 9 10
No disturbance/ neutral Highest disturbance

How **VIVID** is the memory to you now?

0 1 2 3 4 5 6 7 8 9 10
No disturbance/ neutral Highest disturbance

How **EMOTIONAL** is the memory to you now?

0 1 2 3 4 5 6 7 8 9 10
No disturbance/ neutral Highest disturbance

How **INTENSE** is the memory to you now?

0 1 2 3 4 5 6 7 8 9 10
No disturbance/ neutral Highest disturbance

Location of Body sensation: _____

Note to EMDR therapist – protocol used for Blind 2 Therapist (B2Tr):

Standard Protocol in EMDR therapy: Associations can be Past/Present/Future

Restricted Protocol (EMDr): Trauma confrontation (phase 4, 5, & 6) focusses on trauma specific channels of association related only within the target memory itself

Contained Protocol (EMD): Trauma confrontation (phase 4, 5, & 6) focusses only on the target memory with no associated channels

Information to the client during B2Tr

- No expectation to reveal content regarding the target memory – only reveal what feels comfortable
- Primary expectation to disclose whether the target memory is changing or not (no pressure to disclose)
- To notice what you notice
- To process trauma memories requires an emotional connection

Phase 4: DESENSITISATION

“I'd like you to bring up that target word related to your memory, notice the emotions it generates, how disturbing it is, and where you feel that in your body”.

- Perform bilateral, dual attention stimulation (BLS) – 25-30 seconds
- Continue to process each channel of association **to its end**
- Return to target and repeat this process - **Note to Therapist:** ‘Returning to the target memory/ incident can trigger a disclosure. If this is the case, then potentially consider the Standard Protocol
- If processing is blocked (client is reporting no change after sets of BLS) try these less intrusive/directive/interventional techniques (Process Interweaves):
 - Change direction of BLS
 - Change length of sets of BLS
 - Change speed of sets of BLS
 - Change modality of BLS (eye movements, taps, tones)
 - Focus on the sensation in the body: “Where are you feeling that in your body?”
 - Modify the image: Change from colour to black and white, Colour filter, Movie screen, Picture within a picture (PIP), etc

How to check SUDs

When you bring up the experience, on a scale of 0 - 10, where 0 is no disturbance and 10 is the highest disturbance you can imagine, how disturbing does it feel to you now? (**If SUDs are 0/1 or ecological move on to Phase 5: Installation**)

Desensitisation Notes: (Include any interweaves)

PHASE 5: INSTALLATION OF POSITIVE COGNITION (C+)

Sometimes during Phase 4: Desensitisation a positive cognition (C+) may naturally emerge. If so, this can be used for Phase 5 Installation. However, if a C+ does not emerge use a C+ focused on the domain of Choice/ Control. For example:

- “I managed this today”
- “I did this”
- “I got through this” etc.,
- Check VOC: “Think about the original incident and the words [positive cognition]. How true do they feel now?
(Completely false) 1 2 3 4 5 6 7 (Completely true)
- “Bring the Target Word & positive cognition (C+) together in your mind”.
- Complete sets of BLS until no change. (Continue installation if adaptive material is emerging)
- If client reports a VOC of 6 or less continue sets of BLS.

If client reports a VOC of 6 or 7 continue until no further material emerges then proceed to body scan.

Phase 6: BODY SCAN:

"Close your eyes, concentrate on the target memory and the C+, and mentally scan your ENTIRE body. Tell me where you feel anything". If any sensation is reported, do EM. If a positive/comfortable sensation, do EM to strengthen the positive feeling. If a sensation of discomfort is reported, reprocess until discomfort subsides with fast BLS.

Phase 7: CLOSURE: Debrief the experience

"The processing we have done today may continue after the session. You may or may not notice new insights, thoughts, memories, or dreams. If so, just notice what you are experiencing, take a snapshot of it (what you are seeing, feeling, thinking and the trigger), and keep a note. We can work on this new material next time."

Final EMDR B2Tr Scoring:

Post SUD 0 – 10:

Pre VOC (retrospective):

Post VOC:

1. How **VIVID** is the Memory to you now?

0 1 2 3 4 5 6 7 8 9 10
(No disturbance/ neutral) (Highest disturbance)

2. How **EMOTIONAL** does the memory feel to you know?

0 1 2 3 4 5 6 7 8 9 10
(No disturbance/ neutral) (Highest disturbance)

3. How **INTENSE** does the memory feel to you know?

0 1 2 3 4 5 6 7 8 9 10
(No disturbance/ neutral) (Highest disturbance)

Closure of an incomplete session

An incomplete session is where material remains unresolved and no positive cognition installed (i.e., SUDs > 1, or any other distress; VOC < 6/7, or body scan not clear).

Explain the need to stop, and reinforce progress made during the EMDR B2Tr therapy session

Consider using a bespoke trauma stabilisation exercise to ensure client is orientated in the 'here and now'

Additional Notes to consider for Phase 8 – Re-evaluation:
